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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/433,945 12/17/2002

XZ 12/9/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

XZ 12/9/05

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 11	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials XZ		

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## TITLE

Immunocytokine sequences and uses thereof

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )

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☐ 1.18 Fees ( Issue )☐ Other \_\_\_\_\_☐ Credit